



australian nursing federation

23 September 2011

Ms Ann Kinnear
Executive Officer
Australian College of Midwives
PO Box 87
Deakin West ACT 2600

Dear Ann

Australian College of Midwives Position Statement on Homebirth Consultation

The Australian Nursing Federation (ANF) welcomes the invitation to respond to the Australian College of Midwives (ACM) consultation on the *Position Statement on Homebirth*.

With a membership in excess of 205,000, the ANF is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. In particular, approximately 15,000 of our members have midwifery qualifications, who engage in practice across public and private settings. The Federation therefore has a keen interest in all aspects of safe and competent midwifery practices and delivery of services to mothers and babies in our community.

The ANF policy statement "midwifery" (2005) endorses the International Confederation of Midwives (ICM) International Definition of the Midwife which says:

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

(Revised and adopted by the International Confederation of Midwives Council June 15, 2011)

The ANF supports a woman's right to choose homebirthing but recognises that this must be balanced against the requirements of midwives as stipulated under the *Health Practitioner Regulation National Law Act* (2009). That is, we support homebirthing within the circumstances of national law and agreed eligibility criteria.

The ANF has reviewed the documents *Position Statement on Homebirth and Guidance for privately practising midwives providing midwifery care for a planned homebirth* (the Guidance document) and raises some concerns as outlined below.

We acknowledge the ACM's release of a statement to support homebirthing practices by its members. However, the ANF believes the role of the NMBA is to provide guidance to the professions and to protect the public. It is well known that there is in Australia and elsewhere, an unresolved conflict between the legal duty of care of the professional midwife and the autonomy of the woman and respect for her informed choice, particularly in the area of planned homebirth. A statement endorsed by the NMBA on homebirth must reduce this conflict by providing clarity on these issues for midwives. The NMBA should take the lead on this matter to ensure that midwives' responsibilities are clear in terms of professional practice and public safety. The document should not seek to comment on the value of homebirth in relation to other settings/models but rather, should focus on the regulations and criteria that exist.

Bearing in mind that women must have birthing choices, it is the ANF view that responsible practice means a midwife supports choice which is in the best interests of, and reduces risk of an adverse outcome, for the woman, her baby and/or themselves as the clinician.

The ANF requests clarity in the statement on a number of areas, for example, minimum education and experience requirements for a midwife providing care to a woman planning homebirth, and agreed specified exclusion criteria for homebirth.

Quality and safety framework

The National Maternity Services Plan (NMSP) p.3 point1 1.2.3 says:

NMBA endorses a standard for a safety and quality framework which includes an assessment of clinical risk, for the provision of private homebirth as part of the agreed two year exemption on the requirement for midwives to hold PII in order to register as a midwife.

The ANF believes that in addition to this requirement of the NMSP any position statement on homebirth should be applicable to midwives whether they are practising out of a publicly-funded homebirth program or engaged in private practice.

A generic framework should be developed to cover all midwives providing professional care to women who are planning to birth at home. The only distinction between public and private practitioners is the current PII exemption available to Privately Practising Midwives (PPMs). The fact that some public sector organisations and jurisdictions have or are working towards their own quality framework does not absolve the NMBA from the responsibility of providing clear guidance for midwives providing homebirth services.

National Maternity Services Plan

The ANF agrees that it is relevant to refer to this document in the position statement on homebirth. In line with providing advice to both public and private service providers, an NMBA endorsed position statement should mention the NMSP closer to the beginning of the statement.

The ANF contends that it is not necessary to detail the responsibilities of health services to provide models of care to allow women to plan homebirth. Paragraph 2 on page 4 of the statement should not be included in an NMBA endorsed position statement on homebirth. However the ANF believes this quote from p. 29 of the NMSP should be included: *All models of maternity care should incorporate robust systems and processes to maximise safety and minimise harm.*

The NMSP 1.2.2 says: *Jurisdictions develop consistent approaches to the provision of clinical privileges within public maternity services to enable admitting and practice rights for eligible midwives and medical practitioners.* The ANF believes this work is essential for PPMs to enable women to have access to continuity of their chosen carer when a planned homebirth requires transfer to hospital.

Eligibility for homebirths

The Guidance document briefly mentions some contraindications to a planned homebirth and a scant reference to eligibility criteria categories. The ANF considers that the position statement should stipulate clearly for midwives and for women just who is eligible for planned homebirths.

The paragraph on page 3 about 'low obstetric risk' should be removed and replaced with clear eligibility criteria for home birth, as referred to above, to be applied regardless of whether the midwife is working in a public or private capacity.

The last paragraph on page 5 of the Position Statement is extremely unclear and also conflicts with the guidance being provided in Annexure 1. The Position statement can be construed as stating that issues identified as B or C in the *ACM National Guidelines for Consultation and Referral* are appropriate for planned homebirth. The ANF does not agree with this statement.

Reliance on the ACM Guidelines for Consultation and Referral is inappropriate in the context of planned homebirth. This is acknowledged in the NMBA document *Safety and Quality Framework for Privately Practising Midwives attending homebirths* which says *The ACM guidelines were developed to guide midwifery practice more broadly and do not specifically (sic) cover homebirths.* The ANF contends that there are many factors which would influence a decision to proceed with a planned homebirth which are not included in the ACM Guidelines. This should be reflected in an NMBA endorsed position statement on homebirth.

Collaborative arrangements

The ANF is aware of the current difficulties experienced by some doctors and midwives within the existing requirements pertaining to collaborative arrangements. Nevertheless, the requirement for collaborative arrangements between the professions is included in the national law. Any position statement on homebirth must clearly and unequivocally specify the requirement for a midwife to be able to demonstrate a working relationship with referral sources, for example, hospitals and/or medical practitioners.

Evidence

The ANF notes that a significant amount of the evidence cited in the position statement is now 10-15 years old.

The first three paragraphs of the section 'The evidence' should be removed. The ANF is concerned about the NMBA endorsing a position statement which seeks to summarise research on the safety of homebirth. The overall purpose of the document should be to detail the expectations of the midwife and the requirements of the NMBA for the safe management of homebirth requests. The research should inform the development of the criteria. The criteria would then establish parameters for assessing homebirth risk.

Due to a lack of current evidence the position statement should outline appropriate risk assessment and management strategies. This is in line with the conclusion from the South Australian study, 2010, which said:

Perinatal safety of home births may be improved substantially by better adherence to risk assessment, timely transfer to hospital when needed and closer foetal surveillance.

Issues relating to the Quality and Safety Framework for Private practice Midwives at Annexure A:

- this framework should be for all midwives whether engaged in publicly-funded homebirth programs or private practice;
- the ANF believes that a newly graduated midwife, like all beginning practitioners, can only provide care to a woman planning homebirth in the context of appropriate supervision and support. It is unclear in the flow chart as to what "initial midwifery registration" means in this context;
- all consultation and referral as dictated by clinical standards should be mandatory for the midwife if she is to continue providing care to the woman;
- the woman will choose whether or not to consent to the consultation or referral. The midwife should advise the woman that she cannot continue to provide care without the consultation or referral;
- 'ongoing registration' section should include detail as per AHPRA requirements;
- 'Hospital Birth – with private practice midwife providing midwifery care' – on-going care should be dependent on the policies of the hospital and so this clause should be removed from the 'Hospital birth' box.

Should you require any additional information or wish to discuss this matter further please contact Julianne Bryce, Senior Federal Professional Officer on (03) 9602 8500 or julianne@anf.org.au.

Yours sincerely,



Lee Thomas

Federal Secretary

CC Ms Anne Copeland, Chair, Nursing and Midwifery Board of Australia
Ms Alyson Smith, Executive Officer, Nursing and Midwifery Board of Australia
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